

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re:

LEHMAN BROTHERS
HOLDINGS, INC., et al.,

Debtors

Case No. 08-13555

Chapter 11

Jointly Administered

**NOTICE OF TRANSFER OF
CLAIM PURSUANT TO RULE 3001(e)**

PLEASE TAKE NOTICE that an undivided 100% ownership interest in the claim set forth below (the “Transferred Claim”), of **Powszechna Kasa Oszczednosci Bank Polski S.A.** (“Assignor”) filed as an original or amended Proof of Claim against the Debtor(s):

Proof of Claim Amount	Proof of Claim No.
9,745,241.44	29057

has been transferred and assigned to **Citigroup Financial Products Inc.** (“Assignee”). The signature of Assignor on this document is evidence of the transfer of an undivided 100% ownership interest in the claim and all rights thereto.

Assignor hereby waives any notice or hearing requirements imposed by Rule 3001 of the Bankruptcy Rules, and stipulates that an order may be entered recognizing this Assignment as an unconditional assignment and the Assignee herein as the valid owner of the Transferred Claim. You are hereby requested to make all future payments and distributions, and to give all notices and other communications, in respect of the Transferred Claim to the Assignee.

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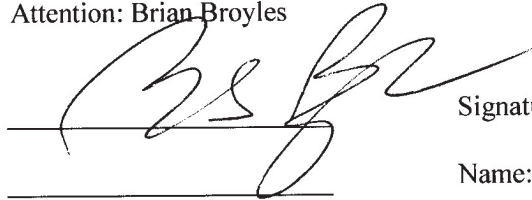
ASSIGNEE: **CITIGROUP FINANCIAL
PRODUCTS INC.**

ASSIGNOR: **Powszechna Kasa
Oszczednosci Bank Polski S.A.**

Address: Citigroup Financial Products Inc.
1615 Brett Road, Bldg 3
New Castle, DE 19720
Attention: Brian Broyles

Address: ul. Puławska 15,
02-515 WARSAW,
POLAND

Signature:



Signature:

Name:

Name:

Title:

Brian S. Broyles
Authorized Signatory

Title:

Date:

October 23, 2014

Date:

Signature:

Name:

Title:

Date:

ASSIGNEE: **CITIGROUP FINANCIAL
PRODUCTS INC.**

Address: Citigroup Financial Products Inc.
1615 Brett Road, Bldg 3
New Castle, DE 19720
Attention: Brian Broyles

Signature: _____

Name: _____

Title: _____

Date: _____

ASSIGNOR: **Powszechna Kasa
Oszczednosci Bank Polski S.A.**

Address: ul. Puławska 15,
02-515 WARSAW,
POLAND

Signature:  _____
DYREKTOR
Konrad Kulczarski

Name: _____

Title: _____

Date: October 23, 2014

Signature:  _____
DYREKTOR BIURA
Mariusz Majewski

Name: _____

Title: _____

Date: October 23, 2014